

Fill in this information to identify the case:

Debtor WonderWork, Inc.
United States Bankruptcy Court for the: Southern District District of NY
(If known) Case number 16-13607 (MKV)
(State)

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Assets - Real and Personal Property (Official Form 206A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
☐ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

2.1 Priority creditor's name and mailing address

As of the petition filing date, the claim is: Total claim \$ _____ Priority amount \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.2 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

2.3 Priority creditor's name and mailing address

As of the petition filing date, the claim is: \$ _____ \$ _____
Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number _____

Is the claim subject to offset?
☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (____)

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Part 1. Additional Page

Copy this page if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional PRIORITY creditors exist, do not fill out or submit this page.

Total claim

Priority amount

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

2. Priority creditor's name and mailing address

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Date or dates debt was incurred

Basis for the claim:

Last 4 digits of account number

Is the claim subject to offset?

- ☐ No
☐ Yes

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) ()

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Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim
3.1	<p>Nonpriority creditor's name and mailing address <u>Action Mailers</u> <u>90 Commerce Drive</u> <u>Aston, PA 19014</u></p> <p>Date or dates debt was incurred <u>Aug 2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 18,839.14</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.2	<p>Nonpriority creditor's name and mailing address <u>Bill & Ann Ziff Foundation</u> <u>350 Park Avenue, 4th Floor</u> <u>New York, NY 10022</u></p> <p>Date or dates debt was incurred <u>May 2014</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 845,500.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.3	<p>Nonpriority creditor's name and mailing address <u>Brian Mullaney</u> <u>1 Sumner Lane</u> <u>Belmont, MA 02478</u></p> <p>Date or dates debt was incurred <u>2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 641,320.07</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>2016 Salary/2016 Bonus/Unreimbursed Expenses</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.4	<p>Nonpriority creditor's name and mailing address <u>CDR Fundraising Group</u> <u>16900 Science Drive, Suite 210</u> <u>Bowie, MD 20715</u></p> <p>Date or dates debt was incurred <u>Oct. 2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 48,750.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.5	<p>Nonpriority creditor's name and mailing address <u>CENVEO</u> <u>Commercial Env. Products</u> <u>PO Box 802035, Chicago, IL 60680-2035</u></p> <p>Date or dates debt was incurred <u>Oct. 2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 4,949.13</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
3.6	<p>Nonpriority creditor's name and mailing address <u>Color Tree Group</u> <u>8000 Villa Park Drive</u> <u>Henrico, VA 23228-6500</u></p> <p>Date or dates debt was incurred <u>Sept. 2016</u> Last 4 digits of account number <u> </u></p>	<p>As of the petition filing date, the claim is: <u>\$ 21,719.22</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

3.	Nonpriority creditor's name and mailing address <u>Communications Corporation of America</u> <u>13195 Freedom Way</u> <u>Boston, VA 22713</u>	As of the petition filing date, the claim is: <u>\$ 6305.63</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed
Date or dates debt was incurred <u>Nov. 2016</u>		Basis for the claim: <u>Services rendered</u>
Last 4 digits of account number <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>Copilevitz & Canter, LLC</u> <u>310 West 20th St., Suite 300</u> <u>Kansas City, MO 64108</u>	As of the petition filing date, the claim is: <u>\$ 1140.93</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred <u>Dec. 2016</u>		Basis for the claim: <u>Services rendered</u>
Last 4 digits of account number <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>Corporate Press, Inc.</u> <u>9700 Philadelphia Court</u> <u>Lanham, MD 20706</u>	As of the petition filing date, the claim is: <u>\$ 7,078.69</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred <u>Nov. 2016</u>		Basis for the claim: <u>Services rendered</u>
Last 4 digits of account number <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>Detter Family Foundation</u> <u>11519 Aerie Lane</u> <u>Naples, FL 34120</u>	As of the petition filing date, the claim is: <u>\$ 106,833.33</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred <u>Aug. 2013</u>		Basis for the claim: <u>Loan</u>
Last 4 digits of account number <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>Development Resources, Inc.</u> <u>1820 N. Fort Meyer Drive, Suite 702</u> <u>Arlington, VA 22209</u>	As of the petition filing date, the claim is: <u>\$ 10,000</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
Date or dates debt was incurred <u>Nov. 2016</u>		Basis for the claim: <u>Services rendered</u>
Last 4 digits of account number <u> </u>		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>Direct Mail Processors, Inc.</u> <u>1150 Conrad Ct.</u> <u>Hagerstown, MD 21740</u> Date or dates debt was incurred <u>Sept. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 11,200.96</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>DMI Data Management, Inc.</u> <u>PO Box 846</u> <u>Stoneville, NC 27048</u> Date or dates debt was incurred <u>Dec. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 4997.49</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>Hana Fuchs</u> <u>60 Riverside Drive, Apt. 7F</u> <u>New York, NY 10024</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 8881.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Unreimbursed expenses</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>HelpMeSee, Inc.</u> <u>20 West 36th St., Fl. 4</u> <u>New York, NY 10018</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 16,059,833.50</u> <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>IDMI</u> <u>490 White Pond Drive</u> <u>Akron, OH 44320</u> Date or dates debt was incurred <u>Oct. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1628.52</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>Joseph Mullaney</u> <u>512 River Road</u> <u>Westport, MA 02790</u> Date or dates debt was incurred <u>Aug. 2013</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 110,750.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>Kaplan Kravet & Vogel P.C.</u> <u>630 Third Avenue, 5th Floor</u> <u>New York, NY 10017</u> Date or dates debt was incurred <u>Dec. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 8259.03</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>Koala Design</u> <u>Attn: Mike Schell 1606 NE 1st St.</u> <u>Fort Lauderdale, FL 33301</u> Date or dates debt was incurred <u>Dec. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 8,500.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>L&E Meridian</u> <u>8000 Corporate Court</u> <u>Springfield, VA 22153</u> Date or dates debt was incurred <u>Oct. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 1359.48</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>
<p>3. Nonpriority creditor's name and mailing address <u>Log-On</u> <u>520 Eighth Avenue, 14 Fl.</u> <u>New York, NY 10018</u> Date or dates debt was incurred <u>Sept. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$ 48,538.28</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>

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Amount of claim

<p>3. Nonpriority creditor's name and mailing address <u>MDI Imaging and Mail</u> <u>21955 Cascades Parkway</u> <u>Dulles, VA 20166</u></p> <p>Date or dates debt was incurred <u>Oct. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>4657.64</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Meadowlark Foundation</u> <u>PO Box 860</u> <u>Saratoga Springs, NY 12866</u></p> <p>Date or dates debt was incurred <u>Jan. 2014</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Loan</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>524,833.33</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Nestle Pure Life Direct</u> <u>PO Box 856192</u> <u>Louisville, KY 40285</u></p> <p>Date or dates debt was incurred <u>Dec. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Office supplies</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>22.33</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Nextiva</u> <u>8800 E Chaparral Rd. Ste 300</u> <u>Scottsdale, AZ 85250</u></p> <p>Date or dates debt was incurred <u>Nov. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Utilities</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>527.56</u></p>
<p>3. Nonpriority creditor's name and mailing address <u>Resource One</u> <u>2900 E. Apache</u> <u>Tulsa, OK 74116</u></p> <p>Date or dates debt was incurred <u>Nov. 2016</u> Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services rendered</u></p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>\$ <u>2165.80</u></p>

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Amount of claim

3.	Nonpriority creditor's name and mailing address <u>Skyline Credit Ride, Inc.</u> <u>52-29 35th St.</u> <u>Long Island City, NY 11101</u> Date or dates debt was incurred <u>2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 43.05</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <input type="checkbox"/> Liquidated and neither contingent nor disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>The Holewinski Group</u> <u>253 Rainbow Drive #15398</u> <u>Livingston, TX 77399</u> Date or dates debt was incurred <u>Nov. 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 120.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>The Raphael & Diana Vinoly Foundation</u> <u>350 Fifth Avenue, 41 Fl.</u> <u>New York, NY 10118</u> Date or dates debt was incurred <u>Sept. 2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 60.083.33</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>Thompson Family Foundation</u> <u>c/o Kevin Maclay</u> <u>One Thomas Circle, NW, Ste. 1100, Washington, DC 20005</u> Date or dates debt was incurred <u>May 2013</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 7,979,166.67</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.	Nonpriority creditor's name and mailing address <u>Tri-State Envelope Corp.</u> <u>PO Box 433</u> <u>Beltville, MD 20704</u> Date or dates debt was incurred <u>Nov. 2016</u> Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$ 2841.32</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services rendered</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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Amount of claim

Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
Union ID and Mail		Check all that apply.	
8516 Rainswood Drive		<input type="checkbox"/> Contingent	
Landover, MD 20785		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<input type="checkbox"/> Liquidated and neither contingent nor disputed	
Date or dates debt was incurred		Basis for the claim:	
Nov. 2016		Services rendered	
Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
Valtim Marketing Solutions		Check all that apply.	
PO Box 809		<input type="checkbox"/> Contingent	
Forest, VA 24551		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Oct. 2016		Services rendered	
Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
Wells Fargo Financial Leasing		Check all that apply.	
PO Box 10306		<input type="checkbox"/> Contingent	
Des Moines, IA 50306		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Dec. 2013		Copier Lease	
Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
XPO Logistics		Check all that apply.	
PO Box 2693		<input type="checkbox"/> Contingent	
New York, NY 10108		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Nov. 2016		Services rendered	
Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	
Nonpriority creditor's name and mailing address		As of the petition filing date, the claim is:	
		Check all that apply.	
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
Date or dates debt was incurred		Basis for the claim:	
Last 4 digits of account number		Is the claim subject to offset?	
		<input type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor WonderWork, Inc.
Name

Case number (if known) 16-13607 (MKV)

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.2. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.3. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.4. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.5. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.6. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.7. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.8. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.9. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.10. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _
4.11. _____ _____	Line _____ <input type="checkbox"/> Not listed. Explain _____	____ _

Debtor	WonderWork, Inc.
Name	

Case number (if known) 16-13607 (MKV)

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

[illegible]

Debtor WonderWork, Inc.
Name

Case number (if known) 16-13607 (MKV)

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

	Total of claim amounts
5a. Total claims from Part 1	5a. \$ <u>0</u>
5b. Total claims from Part 2	5b. + \$ <u>26,556,513.06</u>
5c. Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c. <div style="border: 1px solid black; padding: 2px; display: inline-block;">\$ <u>26,556,513.06</u></div>